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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: July 29, 2003

Examiner: Kim, Chong R. : **RE:** U.S. Patent Application
Art Unit: 2623 : **Serial No.:** 09/557,108
Fax: 703-872-9315 : **Applicant:** Jiang Hsieh
From: Thomas M. Fisher : **Atty. Dkt. No.:** 15-CT-5344

DOCUMENTS SUBMITTED WITH TRANSMISSION:

*Amendment Transmittal (3 pgs.)
Amendment in Response to Office Action of 05/29/03 (22 pgs.)
Fax Transmittal (1 pg.)*

Total pages including cover page: 26
If all pages are not received, please contact: Linda Driscoll at Ext. 7229

RE: The above referenced U.S. Patent Application
Title: METHODS AND APPARATUS FOR HELICAL RECONSTRUCTION FOR MULTISLICE CT
SCAN
Filed: April 24, 2000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number 703-872-9315 on the date shown above.



Thomas M. Fisher, Reg. No.: 47,564

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Official

received
7/29/03 HUBPATENT
Attorney Docket No.: 15-CT-5344

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jiang Hsieh
Serial No.: 09/557,108
Filed: April 24, 2000
For: METHODS AND APPARATUS FOR
HELICAL RECONSTRUCTION
FOR MULTISLICE CT SCAN
Art Unit: 2623
Examiner: Kim, Chong R.
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Amendment Transmittal (3 pgs.)
Amendment in Response to Office Action of 05/29/03 (22 pgs.)
Fax Transmittal (1 pg.)

STATUS

2. Applicant
 claims small entity status.
 X is other than a small entity.

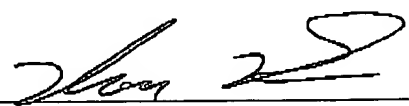
CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

EXPRESS MAIL
 deposited with the United States Postal Service,
Express Mail Label No. ,
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Date: 7-29-03

FACSIMILE
 X transmitted by facsimile to the Patent and
Trademark Office


Thomas M. Fisher
Reg No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ second month	\$ 410.00	\$ 205.00
_____ third month	\$ 930.00	\$ 465.00
_____ fourth month	\$1,450.00	\$ 725.00
_____ fifth month	\$1,970.00	\$ 985.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS	=		x \$9 = \$		x \$18 = \$
INDEP.	MINUS	=		x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a)
- X
- No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$_____
- _____ Charge Deposit Account No. 01-2384 the sum of \$_____.
- A duplicate of this transmittal is attached.

FEE DEFICIENCY

- 6.
- X
- If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:



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